

1. PLEASE PROVIDE THE NAME OF YOUR ORGANIZATION, THE COUNTY OR COUNTIES OF OPERATION, AND THE TYPE OF SPECIALTY LICENSE PLATE THAT GENERATES ITS REVENUE.

Choose Life
(Specialty License Plate)

July 1, 2016 through June 30, 2017

4. PLEASE IDENTIFY THE CHECK/WARRANT DATE AND MONEY AMOUNTS RECEIVED BY YOUR ORGANIZATION FROM THE SPECIALTY LICENSE PLATE PROGRAM DURING THE MOST RECENT ACCOUNTING PERIOD.

see attached > *

5. PLEASE PROVIDE A CATEGORICAL LIST OF EXPENDITURES FOR THE FISCAL YEAR.

PURPOSE OF EXPENDITURE		\$ AMOUNT OF EXPENDITURE
Grant Payments		499,243.71
Administration		122,592.23
Promotion		10,878.19
Audit		8,640.00
Total Expenditures		\$ 641,354.13
Ending Balance		\$ 1,038,174.23

UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECIEVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERICAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY s. 320.08056, F.S. AND s. 320.08058, F.S. OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY s. 320.08062, F.S. EXCEPT AS AUTHORIZED BY s. 320.08058, F.S. NOR FOR LOBBYING PURSUANT s. 320.08056, F.S. AND THE INFORMATION DISCLOSED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Randy Harris

(Signature of organization head)

1/17/2018

(Date)

Randy Harris

(Printed name)

(Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 17th DAY OF Jan.,
2018, BY Randy Harris
(Year) (Name of person making statement)

WHO

(Check one)

☒ IS PERSONALLY KNOWN TO ME, OR
☐ PRODUCED IDENTIFICATION

(Type of ID produced)

Debbie Vickers

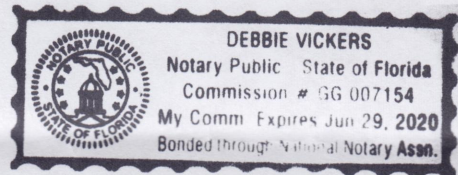
(Signature of notary public)

Debbie Vickers

(Print, Type, or Stamp commissioned name of notary public)

Return-Address:

Department of Highway Safety and Motor Vehicles
Specialty License Plate Unit
2900 Apalachee Parkway
Room A334 Mail Stop 68
Tallahassee, Florida 32399-0500
Phone Number (850) 617-3870



Vendor No: 30746-1 CHOOSE LIFE INC

Our Customer No:

Invoice	Date	Description	Payable	Discount	Net Payable
51716	05/17/16	CHOOSE LIFE FUNDS	1,865.57	0.00	1,865.57
<p>*Funds that were held by Okeechobee County released to ChooseLife, Inc.</p>					

BOARD OF COUNTY COMMISSIONERS Check No: 156268 06/10/16 BK:11 TOTAL \$1,865.57

OKEECHOBEE COUNTY FLORIDA



BOARD OF COUNTY COMMISSIONERS

312 NW 3RD ST STE 165
 OKEECHOBEE FL 34972-4113
 OPERATING ACCOUNT

SEACOAST NATIONAL BANK
 312 NW 3RD ST STE 165
 OKEECHOBEE FL 34972-4113

63-515
 670
 0000256528

Check Date	Check No	Amount
06/10/2016	156268	\$1,865.57

PAY **** ONE THOUSAND EIGHT HUNDRED SIXTY FIVE AND 57/100 DOLLARS

TO THE CHOOSE LIFE INC
 ORDER 10305 112 ST
 OF LIVE OAK FL 32060

Frank J. G.
Sharon Robertson
 Authorized Signature

⑈156268⑈ ⑆067005158⑆ 0000256528⑈